CANUCK LAW
Reporting That You're Not Getting Elsewhere (Do Your Own Research To Verify)

AUGUST 15, 2020 BY RONNIE

More On Vaccine Hesitancy Research, Convincing People It's Safe

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vaccine hesitancy
230 search results for "vaccine hesitancy"
Health Canada's regulatory response to COVID-19: International engagement
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www.canada.ca > COVID-19 health product industry
Aug 5, 2020 - the public health challenge posed by vaccine hesitancy, Health Canada contributed to work led by ICMRA, to develop 2 statements about confidence in vaccine safety and effectiveness, published by the ICMRA: statement for

Go onto Health Canada's site and search the term "vaccine hesitancy". You will find over 200 papers, studies, and listings — some very in depth work. Keep in mind, this is ONLY Health Canada. See #6 for mandatory CV-19 vaccines.

1. Motivational Interviewing

Settings and

CANVax, addressing vaccine hesitancy

CCDR

Volume 46–4, April 2, 2020: Respiratory syncytial virus (RSV)

Series

Motivational interviewing: A powerful tool to address vaccine hesitancy

Arnaud Gagneur[1,2]

▶ Affiliations

▶ Correspondence

▶ Suggested citation

Motivational interviewing: A powerful tool to address vaccine hesitancy

Arnaud Gagneur[1,2*]

Abstract

Introduction

CANVax - www.canvax.ca

SERIES

Motivational interviewing: A powerful tool to address vaccine hesitancy

Arnaud Gagneur[1,2*]

Abstract

According to the World Health Organization, vaccine hesitancy is among the top threats to global health and few effective strategies address this growing problem. In Canada, approximatively 20% of parents/caregivers are concerned about their children receiving vaccines. Trying to convince them by simply providing the facts about vaccination may backfire and make parents/caregivers even more hesitant. In this context, how can health care providers overcome the challenge of parental decision-making needs regarding vaccination of their children?

Motivational interviewing aims to support decision making by eliciting and strengthening a person's motivation to change their behaviour based on their own arguments for change. This approach is based on three main components: the spirit to cultivate a culture of partnership and compassion; the processes to foster engagement in the relationship and focus the discussion on the target of change; and the skills that enable health care providers to understand and address the parent/caregiver's real concerns.

With regard to immunization, the motivational interviewing approach aims to inform

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Abstract

According to the World Health Organization, vaccine hesitancy is among the top threats to global health and few effective strategies address this growing problem. ***In Canada, approximatively 20% of parents/caregivers are concerned about their children receiving vaccines***. Trying to convince them by simply providing the facts about vaccination may backfire and make parents/caregivers even more hesitant. In this context, how can health care providers overcome the challenge of parental decision-

making needs regarding vaccination of their children?

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With regard to immunization, the ***motivational interviewing approach aims to inform parents/caregivers about vaccinations***, according to their specific needs and their individual level of knowledge, with respectful acceptance of their beliefs. The use of motivational interviewing calls for a ***respectful and empathetic discussion of vaccination and helps to build a strong relationship***.

Numerous studies in Canada, including multicentre randomized controlled trials, have proven the effectiveness of the motivational interviewing approach. ***Since 2018, the PromoVac strategy, an educational intervention based on the motivational interviewing approach, has been implemented as a new practice of care in maternity wards across the province of Quebec through the Entretien Motivationnel en Maternité pour l'Immunisation des Enfants (EMMIE) program***.

vaccine.hesitancy.motivational.interviewing

To be absolutely clear, the above research, and what follows has nothing to do with research into ***CREATING*** safe vaccines. Instead, the goal is to ***CONVINCE*** you that they already are.

2. Challenges And Approaches

Français

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Canada.ca > Public Health Agency of Canada > Public Health Agency of Canada reports and publications > Canada Communicable Disease Report (CCDR) > 2016 Volume 42 - Canada Communicable Disease Report (CCDR) > CCDR: Volume 42-12, December 1, 2016: Improving vaccination rates

Vaccine acceptance, hesitancy and refusal in Canada

CCDR

Volume 42-12, December 1, 2016: Improving vaccination rates

Overview

Table 1: Attitudes toward vaccination, with proposed counseling strategies [1]

Vaccine position	Counseling strategies [2]
Vaccine acceptors	• Encourage / promote resiliency. • Explain common side effects and rare adverse events. • Use verbal and numeric descriptions of vaccine and disease risks.
Vaccine hesitant	• Build rapport, accept questions and concerns. • Establish honest dialogue, provide risk and benefit information about vaccines and disea • Use decision aids and other quality information tools. • Book another appointment to re-visit discussion, if needed.
Vaccine refusers	• Avoid debating back and forth about vaccination. • Aim to keep discussion brief, but leaving door open to further discussion. • Inform about risks of non vaccination. • Offer attendance at a special clinic [3].

1 Adapted from Leask [65] and Healy & Pickering [63]

Because causes of ***vaccine hesitancy and determinants of vaccine acceptance are complex and multidimensional, there is no "magic bullet" that can address vaccine hesitancy and enhance vaccine acceptance***. A summary of the findings from 15 published literature reviews or meta-analysis of the effectiveness of different interventions to reduce vaccine hesitancy and/or to enhance vaccine acceptance reveals that ***simply communicating evidence about vaccine safety and efficacy to those who are vaccine hesitant has done little to stem the growth of hesitancy related***

beliefs and fears (41). Furthermore, failure to properly and systematically evaluate the relevance and effectiveness of these interventions across the spectrum of vaccine hesitant individuals and specific vaccines makes it difficult to know whether the results can be transferable or suitable for widespread implementation.

Should the public health community respond to anti-vaccination activists (48)? ***Leask suggests that adversarial approaches against such activists can in fact enliven the battle and contribute to a false sense that vaccination is a highly contested topic*** (49). Most of the time, pro-vaccine advocates should "play the issue, not the opponent" (49). Efforts should be made to stop them ***only when anti-vaccination activists' advice could lead to direct harm***.

Future public health vaccine promotion efforts need to embrace Internet and social media possibilities and proactively promote the importance and safety of vaccines rather than adopt a reactive approach to anti-vaccination activists' arguments (47,50,51). ***The role of social media in vaccine hesitancy creates a need to develop appropriate strategies for online communication***. Such strategies should aim to ***provide vaccine supportive information, address misinformation published*** online and correspond to parents' needs and interests (29).

vaccine.hesitancy.challenges.and.approaches

In a parallel with the climate change scam, a technique suggested is to be dismissive of the idea that there is any debate. If you can't win with facts, then avoid the discussion altogether.

It's interesting that the recommendation is to avoid engaging with people "vaccine deniers" who bring well researched and well thought out arguments.

3.Best Practices For Addressing Hesitancy

SERIES

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Optimizing communication material to address vaccine hesitancy

Eve Dubé[1,2]*, Dominique Gagnon[1], Maryline Vivion[1]

Abstract

Vaccine hesitancy (the reluctance to accept recommended vaccines) is a complex issue that poses risk communication challenges for public health authorities and clinicians. Studies have shown that providing too much evidence on vaccine safety and efficacy to those who are vaccine-hesitant has done little to stem the growth of hesitancy-related beliefs and fears. The objective of this paper is to describe good practices in developing communication materials to address vaccine hesitancy.

An inventory of vaccination communication materials in Canada was assessed according to the Council of Canadian Academies Expert Panel on Health Product Risk Communication Evaluation (2015). Many of the current communication products could be improved to better align with evidence-based risk communication best practices. Five best practices were identified. First, identify target audience and establish trust. Second, provide both the risks and benefits of vaccination, as most people are looking for balanced information. Third, give the facts before addressing the myths. Fourth, use visual aids. Fifth, test communication material prior to launch.

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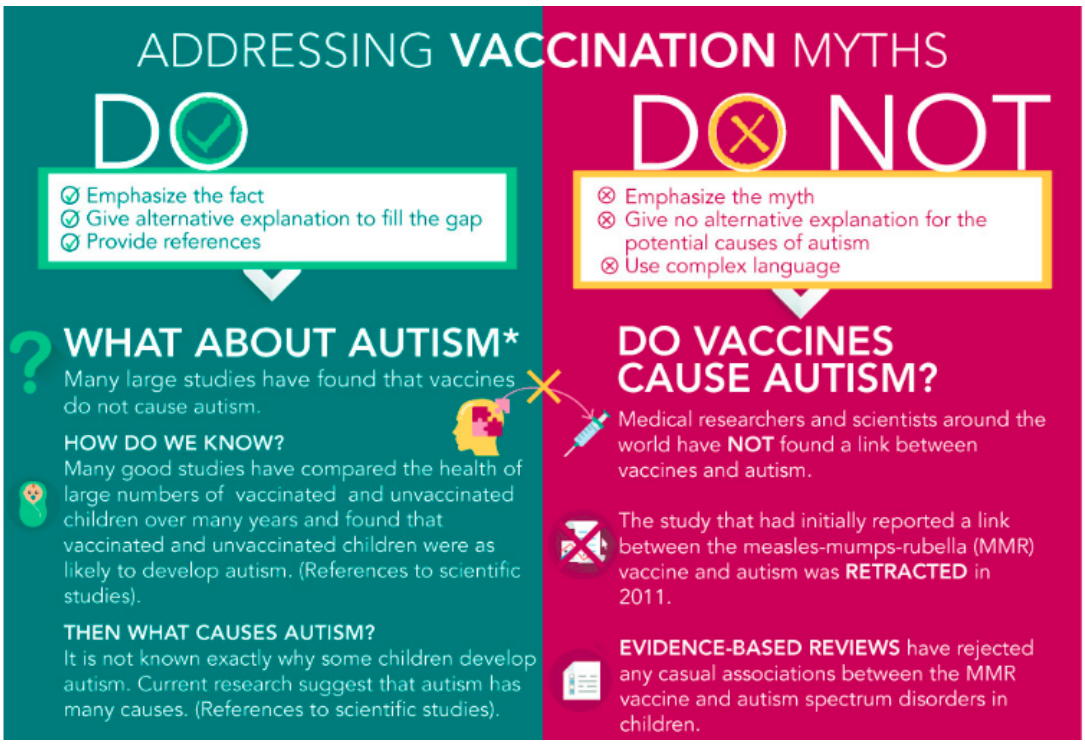
ADDRESSING VACCINATION MYTHS
DO
Emphasize the fact
Give alternative explanation to fill the gap
Provide references
DO NOT
Emphasize the myth
Give no alternative explanation for the potential causes of autism
Use complex language
WHAT ABOUT AUTISM*
Many large studies have found that vaccines do not cause autism.
HOW DO WE KNOW?
Many good studies have compared the health of large numbers of vaccinated and unvaccinated children over many years and found that vaccinated and unvaccinated children were as likely to develop autism. (References to scientific studies).
THEN WHAT CAUSES AUTISM?
It is not known exactly why some children develop autism. Current research suggest that autism has many causes. (References to scientific studies).
DO VACCINES CAUSE AUTISM?
Medical researchers and scientists around the world have NOT found a link between vaccines and autism.
The study that had initially reported a link between the measles-mumps-rubella (MMR) vaccine and autism was RETRACTED in 2011.
EVIDENCE-BASED REVIEWS have rejected any casual associations between the MMR vaccine and autism spectrum disorders in children.

1. Identify target audience and establish trust

"Understanding the perspectives of the people for whom immunization services are intended, and their engagement with the issue", wrote Goldstein and colleagues, "is as important as the information that experts want to communicate" (8). The ***amount, content and type of information that is needed to move a vaccine-hesitant individual toward vaccine acceptance differs greatly from the basic information***

needed by a person who is already favourable to vaccination and intends to vaccinate. Research has shown that vaccine-hesitant individuals are "active information-seekers" that are looking for "balanced" information presenting both pros and cons of vaccination in order to make an informed decision about vaccines (9,10). Their information needs are usually not fulfilled with typical information from public health authorities, as this information generally does not usually provide references to scientific studies and is often perceived as focusing on the benefits of vaccines and not discussing the potential risks of vaccines (11). ***Addressing those who are strongly anti-vaccines merit specific strategies***. This is not the subject of the current paper but will be addressed in a future CANVax Brief.

5. Test communication prior to launching
It is important ***to test a communication material prior to launching to make sure it is working as intended for the target audience***. The results might be surprising: a study showed that information given in frequency formats (e.g. one out of 10 infants will have a fever after a vaccination) were perceived as more risky than the same information conveyed in probabilistic terms (e.g. 10% of infants will have a fever after a vaccination) (27). Studies have also shown that ***as many as one out of two adults do not have the necessary skills to interpret probabilities and other mathematical concepts***

vaccine.hesitancy.promotional.material

This works just like commercial marketing. Target your audience, and avoid getting into "factual" arguments with people who have actually done their homework.

4. Progress Against Vaccine Hesitancy

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Institute Advisory Board
Featured Research
Getting immunized: The progress against vaccine hesitancy
According to the World Health Organization (WHO), 2-3 million deaths are prevented each year thanks to immunization. However, there are some who are hesitant about immunizations and do not believe that they need to get vaccinated.
Fortunately, researchers like Dr. Ève Dubé, with Université Laval are looking into this important issue. Dr. Dubé is an anthropologist, a researcher, and a professor, who works on vaccine hesitancy. Her research aims at understanding the social, cultural, and political contexts that influence individuals' and groups' beliefs and practices around vaccination.
She works with various health organizations to transfer research into practice.
One of the aims of her research program is to address vaccine hesitancy by supporting parents to make informed vaccination decisions and by ensuring that healthcare providers are prepared to
Dr. Ève Dubé
cine.hesitancy.pr....pdf

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She works with various health organizations to ***transfer research into practice***.

One of the aims of her research program is to ***address vaccine hesitancy by supporting parents to make informed vaccination decisions*** and by ensuring that healthcare providers are prepared to ***communicate effectively with vaccine-hesitant parents***.

She is currently ***leading different projects on vaccine hesitancy such as a study based on interviews with vaccine-hesitant parents*** to look at information sources on vaccination and information needs and preferences of parents to make an informed decision about vaccination. She is also leading a project to develop and pilot-test interventions to address vaccine hesitancy around the HPV vaccine in the context of school-based programs in Canada.

Vaccine hesitancy is a very, VERY widely researched field. A lot of money is tied up in

ensuring that people don't start asking the wrong questions and putting the pieces together.

Ève Dubé also co-authors the next piece, which includes entertaining the idea of making this coronavirus vaccine mandatory.

5. Legislating Vaccine Compliance

SERIES

CANVax - www.canvax.ca

Considerations for mandatory childhood immunization programs

Noni E MacDonald[1]*, Eve Dubé[2], Daniel Grandt[3]

Abstract

Outbreaks of vaccine preventable diseases occur even in countries that have unrestricted and relatively equitable accesses to immunizations because vaccine uptake rates are lower than necessary for effective disease control. Vaccine hesitancy is seen in many countries, including Canada, and has led to enacting or strengthening legislation requiring mandatory childhood immunization in some provinces. Although mandatory immunization may seem to be the simplest solution to this issue, it is not always as effective as anticipated. Different countries/states/provinces/territories have used different strategies to encourage parents to fully immunize their children. Definition, scope, flexibility (such as exemptions for medical, religious and philosophical reasons) and framework factors (such as strictness of application and levels of enforcement of the mandate) vary widely between jurisdictions. Surprisingly, no marked differences were seen in vaccination rates between countries that recommended versus mandated them. Unintended consequences of mandatory immunization programs—both good (increased availability of data) and bad ("gaming" of the system and disproportionate impacts on families of lower socioeconomic status) have been reported. Addressing lower vaccine uptake rates is a complex problem that needs a multipronged, more nuanced and tailored approach.

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Given that ***queries have also been raised in the press about whether coronavirus disease 2019 (COVID-19) vaccine(s), when available, should be made mandatory for some or all in Canada,*** this Canadian Vaccination Evidence Resource and Exchange Centre (CANVax) Brief provides an overview and brief discussion of what mandatory childhood vaccination means followed by discussions of scope and framework factors to consider. Also discussed are the reported outcomes, including reports of unintended consequences.

COVID-19 vaccines and consideration for a mandatory approach
While a poll in Canada in late April 2020 ***reported strong support amongst the general public for making COVID-19 vaccination mandatory*** (21), ***this strategy can only be considered when these vaccines become widely available in Canada***. Given

> that a mandatory program has costs both in terms of implementation and monitoring (5), ***decisions need to rest on what additional benefit is hoped to be achieved***. If vaccine uptake is already expected to be high amongst groups deemed necessary for the control of the spread of COVID-19, then the added costs of a mandatory program are likely not justified. ***In contrast, if the rates of uptake are low and the ease of access and other strategies known to improve uptake have been addressed, then a mandatory approach may be worth pursuing***. Careful attention must be paid to whether this will be ***an incentive or penalty program***, how it will be monitored and by whom (5).

vaccine.hesitancy.forced.by.legislation

At least some honesty here. It is acknowledged in writing that the public is wondering if CV-19 vaccines will ever become mandatory. Interestingly, it doesn't address that concern. Instead, it just defers the issue until later.

6. How Rampant Is This Research?

vaccine.hesitancy.motivational.interviewing
vaccine.hesitancy.challenges.and.approaches
vaccine.hesitancy.promotional.material
vaccine.hesitancy.forced.by.legislation

These are only a few of course. Much more available here.

7. Immunization Partnership Fund

Immunization Partnership Fund

Vaccination is one of the world's greatest public health achievements. For over 50 years, vaccination has helped prevent and control the spread of serious diseases in Canada and abroad. It is among the safest medical measures available.

The World Health Organization (WHO) estimates that more than 2 million deaths are prevented worldwide every year due to vaccination.

Vaccination has wiped out smallpox completely and has successfully and dramatically lowered the rates of many other diseases in countries with strong vaccination programs. Some diseases, like polio, have been eliminated from Canada and the rest of the Americas because of vaccines.

Today, not enough Canadians are vaccinated. As a result, Canadians are still at risk for needless illness and death from

Immunization Partnership Fund: Currently funded projects

To address the priority areas outlined above, the IPF is funding a number of projects across the country.

Currently funded projects

- ▶ Creation of a Canadian Immunization Resource Centre (CANVAX)
- ▶ Decreasing Vaccine Hesitancy: Enhancing the knowledge and skills of health care professionals
- ▶ Development of a mobile enhanced immunization information system (CANImmunize)
- ▶ Examining and overcoming barriers to vaccine hesitancy in Yukon
- ▶ Helping health care providers address the drop in childhood immunization coverage between ages12 and 18 months: A pilot test of text message reminders
- ▶ HPV Vaccination in Schools: Developing effective strategies for increasing vaccine coverage
- ▶ Identification of under-immunized districts in Manitoba through mapping of vaccine uptake
- ▶ Immunize Nunavut: Using data to inform practice
- ▶ Immunization Outreach Services

- ▶ Improving Immunization Rates Among Pregnant Women in Canada - Working with care providers and the public
- ▶ Influenza vaccine effectiveness monitoring
- ▶ Kids Boost Immunity
- ▶ Midwives and Vaccination: Delivering evidence based care
- ▶ Nova Scotia's Enhanced Immunization Access Project

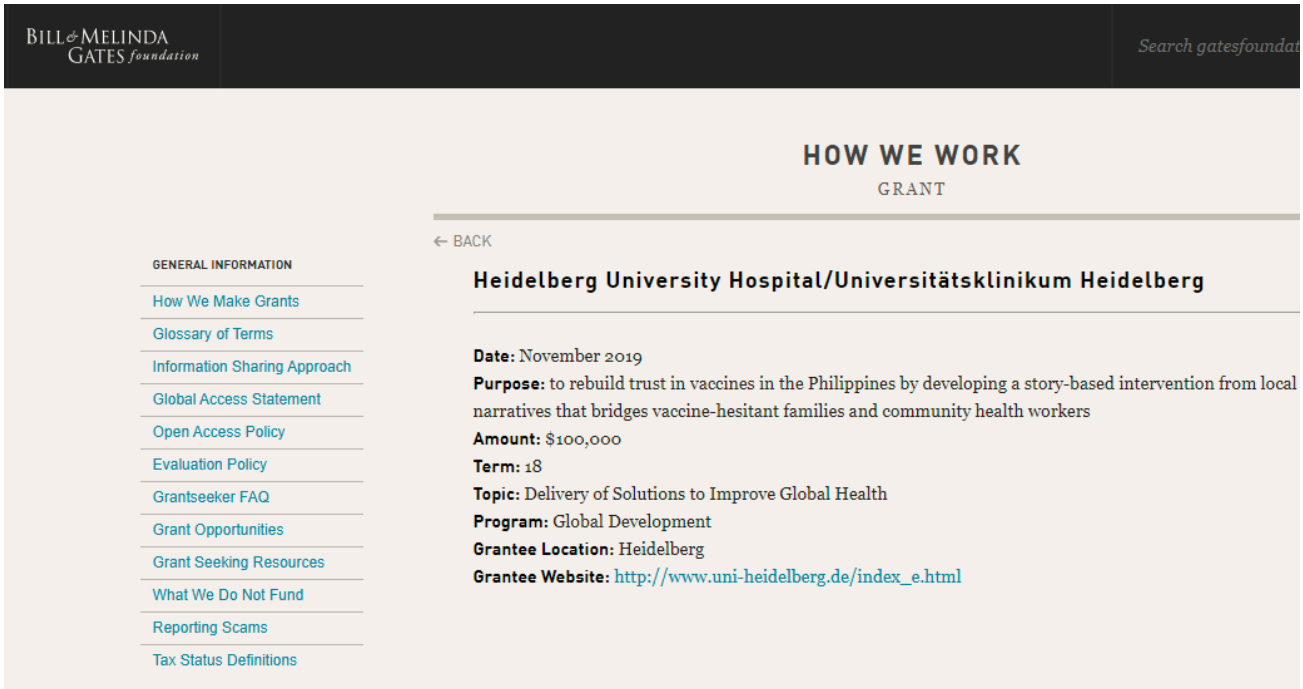
In addition, the following completed projects were funded through the IPF.

Completed projects

- ▶ Enhancing adult immunization coverage in Prince Edward Island
- ▶ Implementation of an educational strategy to promote immunization based on motivational interviewing techniques in maternity hospitals in Québec
- ▶ Implementing an Electronic Immunization Reminder/Recall System in British Columbia's Interior Health Region
- ▶ Vaccination Policy: The Way Forward

This was addressed in Part 8, but worth another look.

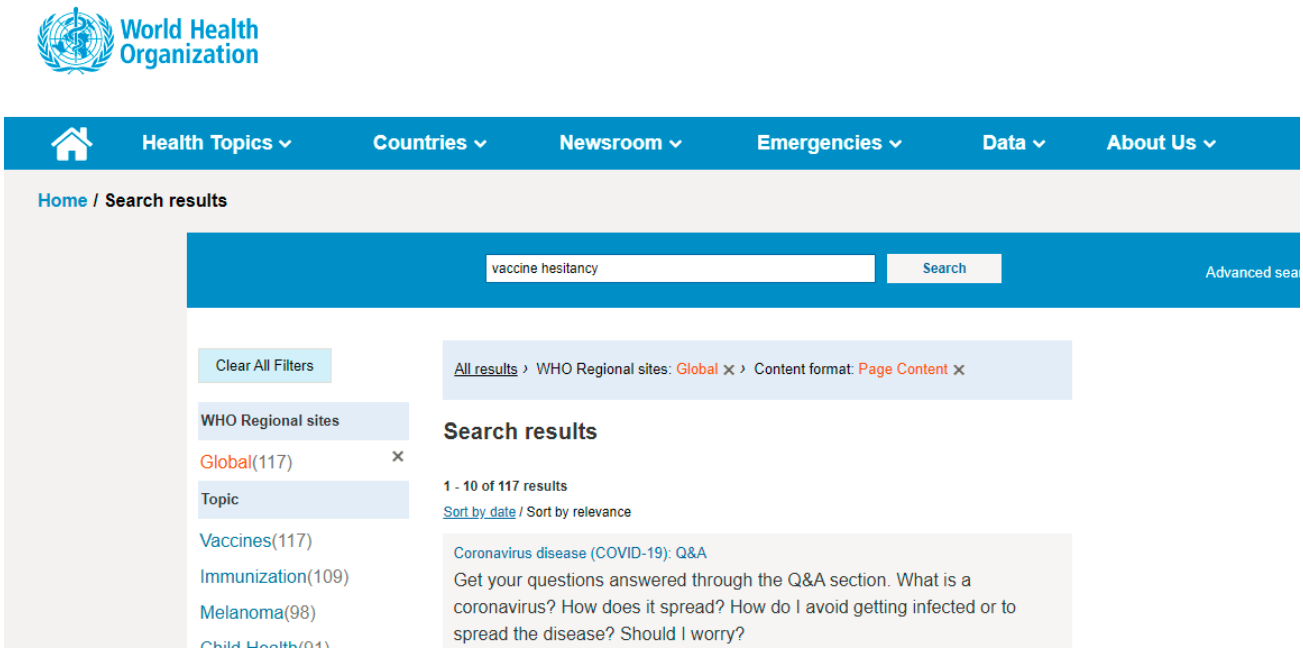
8. Gates Finances Vaccine Hesitancy Research

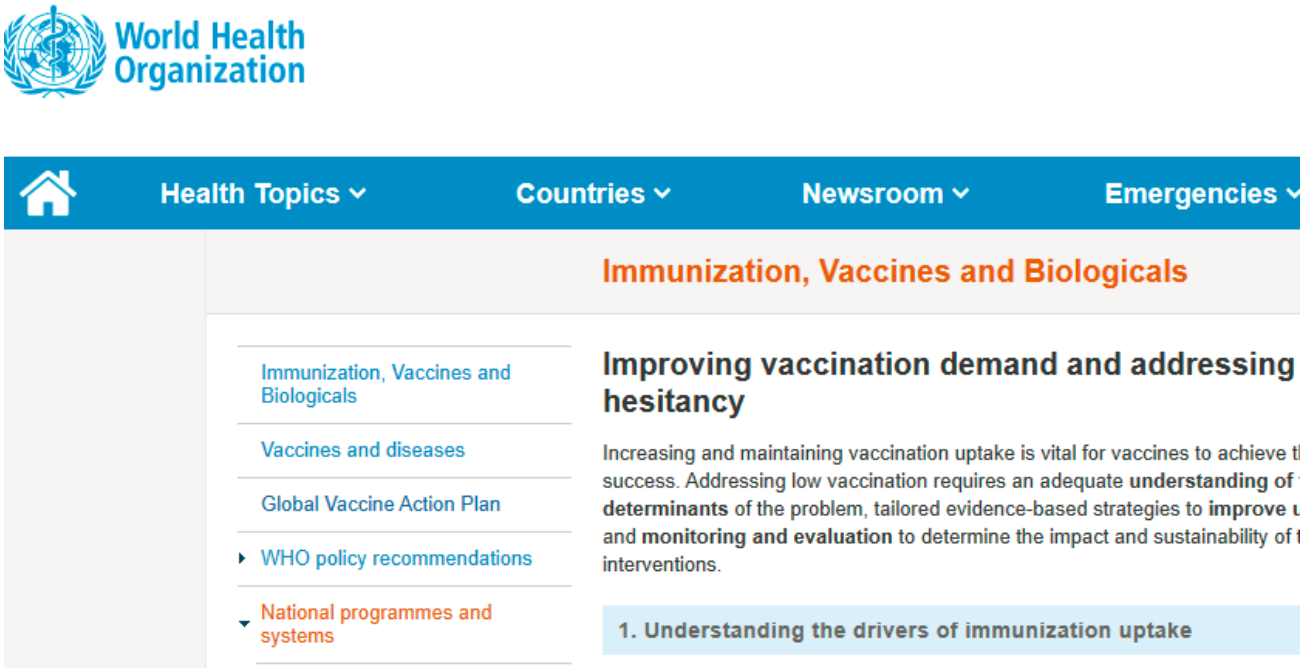


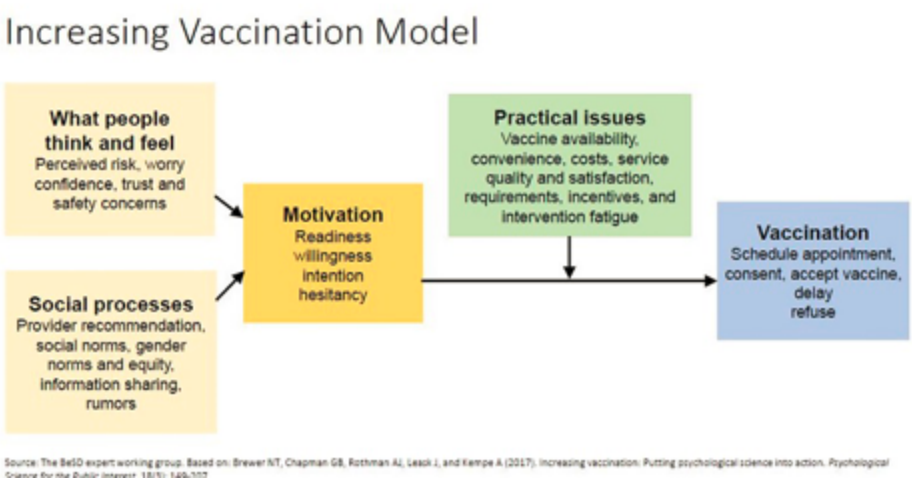
Although small by its standards, the Bill & Melinda Gates Foundation has made some

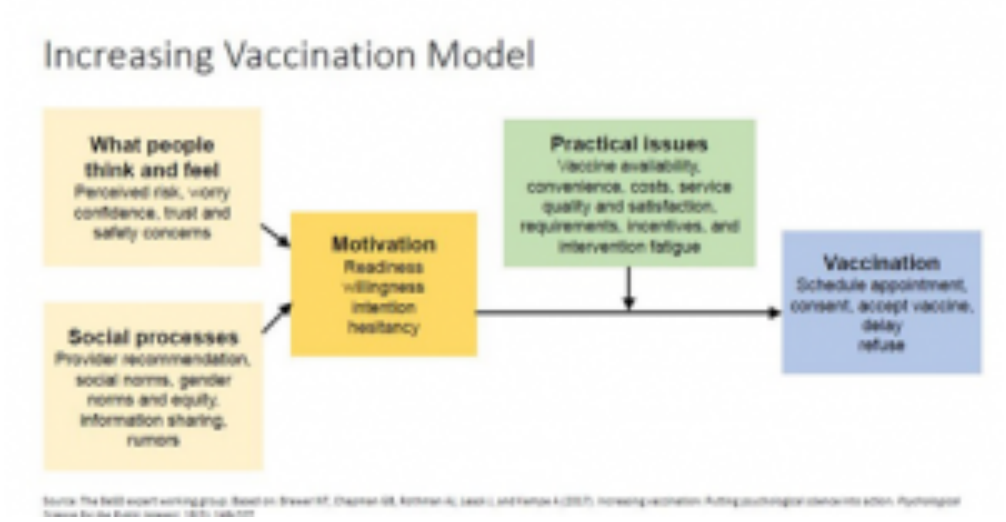
contributions to vaccine hesitancy work. It's just good business.

9. WHO Researches Vaccine Hesitancy




World Health Organization
Health Topics
Countries
Newsroom
Emergencies
Immunization, Vaccines and Biologicals
Immunization, Vaccines and Biologicals
Vaccines and diseases
Global Vaccine Action Plan
WHO policy recommendations
National programmes and systems
Improving vaccination demand and addressing hesitancy
Increasing and maintaining vaccination uptake is vital for vaccines to achieve t
success. Addressing low vaccination requires an adequate understanding of
determinants of the problem, tailored evidence-based strategies to improve u
and monitoring and evaluation to determine the impact and sustainability of t
interventions.
1. Understanding the drivers of immunization uptake


Increasing Vaccination Model
What people think and feel
Perceived risk, worry confidence, trust and safety concerns
Social processes
Provider recommendation, social norms, gender norms and equity, information sharing, rumors
Motivation
Readiness willingness intention hesitancy
Practical issues
Vaccine availability, convenience, costs, service quality and satisfaction, requirements, incentives, and intervention fatigue
Vaccination
Schedule appointment, consent, accept vaccine, delay refuse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Vaccination
Schedule appointment, consent, accept vaccine, delay refuse

A search on the World Health Organization's site under "vaccine hesitancy" results in 117 possible matches.

The World Health Organization has released several other papers and research findings into vaccine hesitancy. Either they are moronic, or they truly think that what they are doing is for the best of humanity.

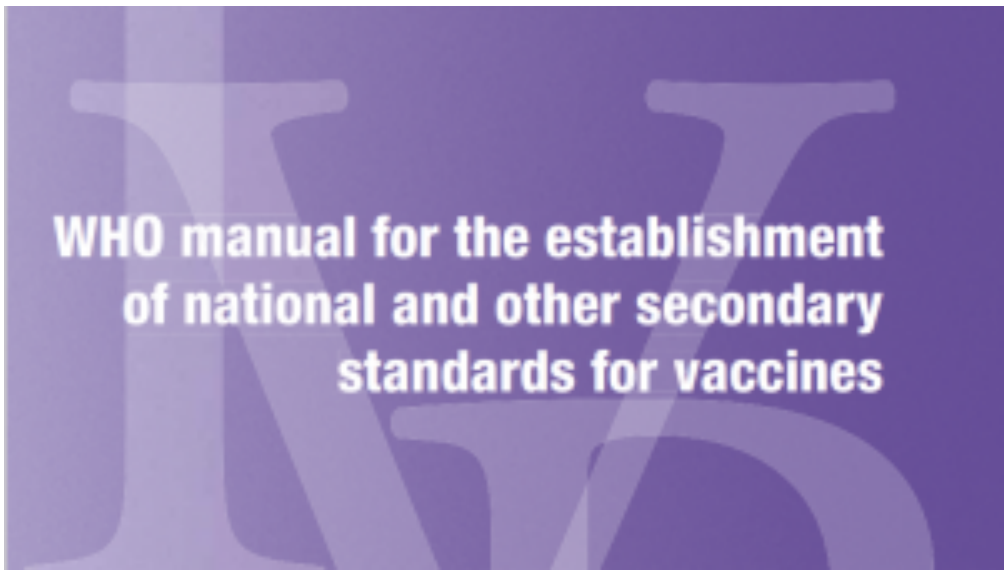
hesitancy.research

hesitancy.research.02

hesitancy.research.strategies.for.addressing

hesitancy.conclusions.for.addressing

10. WHO Establishes National Standards



WHO.establishment.national.standards.vaccines

This is a 2011 publication, but the World Health Organization sets national standards for what vaccinations countries need apparently.

11. WHO's July 9, 2020 Guidance

Transmission of SARS-CoV-2: implications for infection prevention precautions

Scientific brief

9 July 2020

World Health Organization

This document is an update to the scientific brief published on 29 March 2020 entitled "Modes of transmission of virus causing COVID-19: implications for infection prevention and control (IPC) precaution recommendations" and includes new scientific evidence available on transmission of SARS-CoV-2, the virus that causes COVID-19.

Overview

This scientific brief provides an overview of the modes of transmission of SARS-CoV-2, what is known about when infected people transmit the virus, and the implications for infection prevention and control precautions within and outside health facilities. This scientific brief is not a systematic review. Rather, it reflects the consolidation of rapid reviews of publications in peer-reviewed journals and of non-peer-reviewed manuscripts on pre-print servers, undertaken by WHO and partners. Preprint findings should be interpreted with caution in the absence of peer review. This brief is also informed by several discussions via teleconferences with the WHO Health Emergencies Programme ad hoc Experts Advisory Panel for IPC Preparedness, Readiness and Response to COVID-19, the WHO ad hoc COVID-19 IPC Guidance Development Group (COVID-19 IPC GDG), and by review of external experts with relevant technical backgrounds.

How to prevent transmission

The overarching aim of the Strategic Preparedness and Response Plan for COVID-19*(1)* is to control COVID-19 by suppressing transmission of the virus and preventing associated illness and death. To the best of our understanding, the virus is primarily spread through contact and respiratory droplets. Under some circumstances airborne transmission may occur (such as when aerosol generating procedures are conducted in health care settings or potentially, in indoor crowded poorly ventilated settings elsewhere). More studies are urgently needed to investigate such instances and assess their actual significance for transmission of COVID-19.

To prevent transmission, WHO recommends a comprehensive set of measures including:

- Identify suspect cases as quickly as possible, test, and isolate all cases (infected people) in appropriate facilities;
- Identify and quarantine all close contacts of infected people and test those who develop symptoms so that they can be isolated if they are infected and require care;
- Use fabric masks in specific situations, for example, in public places where there is community transmission and where other prevention measures, such as physical distancing, are not possible;
- Use of contact and droplet precautions by health workers caring for suspected and confirmed COVID-19 patients, and use of airborne precautions when aerosol generating procedures are performed;
- Continuous use of a medical mask by health workers and caregivers working in all clinical areas, during all routine activities throughout the entire shift;
- At all times, practice frequent hand hygiene, physical distancing from others when possible, and respiratory etiquette; avoid crowded places, close-contact settings and confined and enclosed spaces with poor ventilation; wear fabric masks when in closed, overcrowded spaces to protect others; and ensure good environmental ventilation in all closed settings and appropriate environmental cleaning and disinfection.

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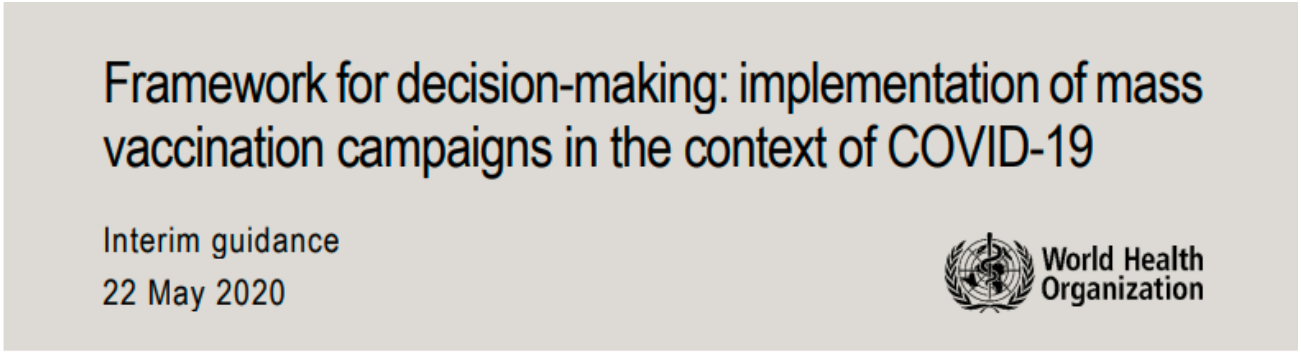
WHO.july9.new.science.supposedly.uncovered

In this latest version, the World Health Organization has removed earlier comments about there being no evidence to support wearing masks. Now, the deadliest virus in history can be stopped by a simple piece of cloth.

12. WHO: May 22 Guidance On Mass Vaccination



Framework for decision-making: implementation of mass vaccination campaigns in the context of COVID-19

Interim guidance
22 May 2020

World Health Organization

Background

Mass vaccination campaigns to prevent or respond to outbreaks of vaccine-preventable diseases and high impact diseases (VPD/HID) are effective strategies to reduce deaths and disease. Yet many countries have had to postpone such vaccination campaigns due to the physical distancing measures implemented to reduce COVID-19 transmission.

For countries affected by both VPD/HID and COVID-19 outbreaks, determining the best course of action may be challenging. Weighing the benefits of a safe and effective intervention that reduces mortality and morbidity against the risks of increasing transmission of a new disease that may burden essential health services can be complex. The starting point for such considerations is a risk-benefit analysis that reviews in detail the epidemiological evidence and weighs the short- and medium-term public health consequences of implementing or postponing mass vaccination campaigns, weighed against a potential increase in COVID-19 transmission.[1]

In the context of the COVID-19 pandemic, this document:

who.mass.vaccination.strategy

Note: the World Health Organization doesn't have an issue with mass vaccination of an entire population during this "pandemic". They just want people to be safe, apparently.

13. "Vaccine Hesitancy" Is Just Marketing

They refer to it as overcoming vaccine hesitancy. However these are marketing techniques to convince people that these vaccines are safe, and only crazies are questioning it.

Some of the techniques include pretending to care about people's concerns, and feigning a legitimate relationship. Also, strong critics should be treated dismissively, and questions evaded. It should not be even entertained that there might be serious questions about these drugs.

There is a strong parallel with the climate change hoax. Both use psychological manipulation to ward off valid questions about what is going on.

This is just a small sample of the work deployed to convince people that these are safe. There is much more to look into.

CANADA, DRUGS/ALCOHOL, HEALTH, MEDIA, PROPAGANDA, UN/WHO, VACCINES